Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: None

Suggested Group Art Unit:: None

CD-ROM or CD-R?:: No

Title (line one):: CAPILLARY IMPRINTING TECHNIQUE

Attorney Docket Number:: MII-46-28-03

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?:: No

Petition Included?:: No

Secrecy Order in Parent Appl.?:: No

Inventor Information

First Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Byung-Jin

Middle Name::

Family Name:: Choi

City of Residence:: Round Rock

State or Province of Residence:: TX

Country of Residence:: United States

Street of mailing address:: 1634 Jerusalem Drive

Initial 8/21/03

City of mailing address:: Round Rock

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 78664

Second Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States
Status:: Full Capacity

Given Name:: Sidlgata

Middle Name:: V.

Family Name:: Sreenivasan

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: United States

Street mailing address:: 10502 Grand Oak Drive

City of mailing address:: Austin

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 78750

Third Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Michael

Middle Name:: P.C.

Family Name:: Watts

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: United States

Street mailing address:: 9404 Bell Mountain Drive

City of mailing address:: Austin

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 78730

Correspondence Information

Correspondence Customer Number:: None

Name Line One:: Kenneth C. Brooks

Name Line Two:: Law Office of Kenneth C. Brooks

Address Line One:: P.O. BOX 10417

City:: Austin

State or Province:: TX

Postal or Zip Code:: 78766

Telephone:: (512) 527-0104

Fax:: (512) 527-0107

Electronic Mail:: None

Representative Information:: None
Domestic Priority Information:: None
Foreign Priority Information:: None

Assignee Information:: None